


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # M17847 1. Entity Name I.C.M. CLEARING CO., INC.	
---	---

Principal Place of Business 2805 E. OAKLAND PARK BLVD. #216 FORT LAUDERDALE, FL 33306-1813 US	Mailing Address 2805 E. OAKLAND PARK BLVD. #216 FORT LAUDERDALE, FL 33306-1813 US
--	--

DO NOT WRITE IN THIS SPACE



01312005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2551303	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CARDIN, ISIDRO 2805 E. OAKLAND PARK BLVD. #216 FORT LAUDERDALE, FL 33306-1813

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>	DATE _____
--	------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CARDIN, ISIDRO 2805 E. OAKLAND PARK BLVD., #216 FORT LAUDERDALE, FL 333061813
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CARDIN, MARY 2805 E. OAKLAND PARK BLVD., #216 FORT LAUDERDALE, FL 333061813
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MARTIN, MARIA L 2805 E. OAKLAND PARK BLVD., #216 FORT LAUDERDALE, FL 333061813
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U000000264531 03/16/05-80019-025 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Mary Cardin</u> MARY CARDIN <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>3-08-05</u> <u>(305) 742-7104</u> <small>Date Daytime Phone #</small>
--	---